

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.  
APPLICANT(S)

FILING DATE  
01/26/04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	/					
14		1				
15	/					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22	/					
23	3					
24	3					
25	3					
26	3					
27	3					
28	3					
29	3					
30	3					
31	3					
32	3					
33	3					
34	3					
35	3					
36	3					
37	3					
38	3					
39	/					
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		3				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		3				
83		3				
84		3				
85		3				
86		3				
87		3				
88		3				
89		3				
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	17					
TOTAL DEP.	122					
TOTAL CLAIMS	139					